

EXCESS LODGING RATE REQUEST/APPROVAL

STD. 255C (Rev. 3/2001)

***Prior Department of Personnel Administration (DPA) approval is required
for amounts that exceed the delegated lodging rates.***

Submit APPROVED request with Travel Claim.

CLAIMANT'S NAME (Print or Type)		PRIMARY RESIDENCE (City, State and ZIP Code)		WORK PHONE NUMBER (Include Area Code)		
DEPARTMENT		DIVISION / OFFICE		HEADQUARTERS CITY		
ADVANCE APPOINTING AUTHORITY APPROVAL REQUIRED			ADVANCE DEPARTMENTAL AND DPA APPROVAL REQUIRED			
<input type="checkbox"/> State-sponsored conferences and conventions up to \$110.00 per night. (Attach documentation.)			<input type="checkbox"/> Regular travel over \$84.00 per night for all represented employees except R5, 6, 8, 16 & 19. (Explain below.)			
<input type="checkbox"/> Non-State sponsored conferences and conventions over \$84.00 per night. (Attach documentation.)			<input type="checkbox"/> State-sponsored conferences and conventions over \$110.00 per night. (Attach documentation.)			
<input type="checkbox"/> Regular travel over \$84.00 per night for all excluded, and R5, 6, 8, 16 & 19.						
TRAVEL DATES	FROM (Month, Day, Year)		LODGING INFORMATION	LODGING NAME		
	TO (Month, Day, Year)			ADDRESS		
POINT OF ORIGIN						
DESTINATION - ADDRESS AND CITY				ROOM RATE		
REASON FOR TRIP				\$		




REASON(S) FOR HIGHER LODGING RATE

- | | |
|----------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------|
| <input type="checkbox"/> Employee required to stay at lodging site. | <input type="checkbox"/> Lack of transportation to alternative lodging. |
| <input type="checkbox"/> Employee is handicapped and requires "reasonable accommodation." | <input type="checkbox"/> No alternative lodging available. |
| <input type="checkbox"/> State business will be conducted in late night meetings. | <input type="checkbox"/> Emergency travel. |
| <input type="checkbox"/> Cost of transportation to alternative lodging equals cost of requested lodging. | <input type="checkbox"/> Other. |

Explain why each of the above checked reasons apply. Document attempts to obtain lodging within the state rate for the location of travel. (Attach additional page if necessary).

Attach copies of agenda, lodging requirements, registration, etc.

I request prior approval of a lodging rate in excess of the state maximum rate for this destination.

CLAIMANT'S SIGNATURE 	CLAIMANT'S TITLE	CBID	DATE SIGNED
DEPARTMENT CONTACT (Print or Type)	DEPARTMENT CONTACT'S TITLE	DEPARTMENT CONTACT'S PHONE NUMBER	
DEPARTMENT APPROVAL (Signature) 	TITLE	DATE APPROVED BY DEPARTMENT	
DPA APPROVAL (Signature) 	TITLE	DATE APPROVED BY DPA	